

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

log ASB

orig DFS

Mid # 27436

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) Royce West	Account # 00020990
Address (P.O. Box or Street Address, Apt. or Suite #) 5787 S. Hampton Rd. Ste. 440	
<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	
(City, State, Zip Code) Dallas, TX 75232	

OFFICE USE ONLY**RECEIVED****JUL 16 2009****Texas Ethics Commission**

Receipt #	Amount
HD PM 7-14-2009	
Date Processed PROCESSED JUL 17 2009	
Date Imaged	

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☒ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☐ Other _____

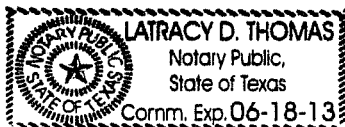
(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

I made the original filing in good faith and later discovered that Part 15 had not been completed.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Filer

Sworn to and subscribed before me by Royce West this the 14th day ofJuly, 20 09, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Latracy D. Thomas
Print name of officer administering oath

Title of officer administering oath

③

R421437

**CORRECTED FINANCIAL STATEMENT
AND
GOOD-FAITH AFFIDAVIT**

All Reports: A filer who files a corrected financial statement must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected financial statement filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

**FEES RECEIVED FOR SERVICES RENDERED
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 15**☐ NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Texas Instruments
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Independent School District
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	City of Dallas
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Area Rapid Transit
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Cowboys Company
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Linebarger Goggan Blair & Sampson
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY